

**JOINT BOARD OF LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE**

57 Regional Drive
Concord, N.H. 03301-8518

Telephone 603-271-2219 · Fax 603-271-6990

Louise Lavertu · Executive Director

Professional Engineers
Architects
Land Surveyors
Professional Geologists
Foresters
Real Estate Appraisers
Manufactured Housing Installers

Natural Scientists
Landscape Architects
Court Reporters
Home Inspectors
Accountancy
Manufactured Housing Parks



Instructions for Application for an Active License

1. Please fill out the application and the CPE reporting form and answer all the questions.
2. Please list your continuing professional education in chronological order using additional pages if needed which includes the last page which is where you enter all your totals.
3. The CPE reporting form:

Written Information

The first column, please write in the name of the sponsoring organization;

The second column, please write in the name or title of the course;

The third column is for the date you earned the course or date you attended the course or the date you published the article, or book, or the date you taught the course.

CPE Hours

Column I is for the number of hours you earned for physically attending CPE courses.

Column II is for the number of hours you earned for any self study courses.

Column III is for the number of hours you earned for publishing any articles or books.

Column IV is for teaching and has two boxes: one for preparation and one for presentation. In the event you teach or instruct a course you may claim up to twice the amount of preparation for every hour of presentation

You must include formal certificates of completion or transcripts for college courses for each and every course you claim in accordance with Ac 403.02.



NH BOARD OF ACCOUNTANCY

NH Joint Board
57 Regional Drive
Concord, NH 03301
603-271-2219
603-271-6990 (fax)

Form NHBOA12

\$275.00

The application must be legible filled out completely and typewritten. Check Payable to
"Treasurer, State of NH" or complete the enclosed credit card form (Non-Refundable Fee)

RETURN TO ACTIVE PRACTICE APPLICATION

To the New Hampshire Board of Accountancy

I hereby make application to obtain an active license to practice public accounting as a certified public accountant in the State of New Hampshire. I understand I must meet and abide by the Accountancy Statutes RSA 309-B and the Administrative Rules as promulgated by the Board.

The following supports my qualifications to obtain an active license to practice in the State of New Hampshire.

1) Full Name:

FIRST

MIDDLE

LAST

2) Social Security Number
(If applicable)

Certificate Number:

3) If you have previously filed under a different name, please supply us with that information:

4) Date of Birth:

Place of Birth:

5) Mailing Address:

If your mailing address is your place of business, please include the Business name on this line.

5) Current Employer:

Please fill out if your Mailing address is not your Business Address.

Street

City

State or Province

Zip/Mailing code

Country

6) Phone Number:
(day)

E-Mail

- 7) Have you since your last renewal or since your original certification (If you have never renewed), had your license or practice privileges suspended or revoked by any licensing or regulatory body? Yes ☐ No ☐
- 8) Have you since your last renewal or since your original certification, (if you have never renewed), been convicted of a misdemeanor involving dishonesty, any felony, or otherwise committed dishonest acts? Yes ☐ No ☐
- 9) Have you since your last renewal or since your original certification, (if you have never renewed), been suspended or expelled from any professional accounting organization? Yes ☐ No ☐
- 10) Have you used the Certified Public Accountants designation in any form since your license to practice expired? Yes ☐ No ☐
- 11) Have you practiced public accountancy since your license to practice expired? Yes ☐ No ☐

If you responded Yes to any or all of 7 - 11, please explain in writing.

- 12) I hereby attest that the information contained in this application is true and correct to the best of my knowledge and belief:

PRINT NAME

DATE

SIGN HERE